Equity Moving to Action

A guide to developing a culturally equitable service for Allied Health, Scientific & Technical Professions.

Capital & Coast
District Health Board
ŪPOKO KI TE URU HAUORA

Kua Takoto te Rau Tapu

The challenge of health equity for Māori is laid down

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Kuputaka – Glossary

Hapū	Sub-group of an iwi (tribe) – a kinship group.
Hinengaro	The psychological realm. Mental health.
Hongi	To press noses in greeting.
Hui	Meeting
Iwi	An extended kinship group, once known as a tribe.
Kai	Food
Kaiāwhina	Cultural assistant/co-worker/helper/advocate.
Kaitiaki	Protector, caregiver, steward.
kanohi ki te kanohi	Face to face
Karakia	Blessing, incantation, prayer.
Kaumātua	Respected elder.
Kaupapa	Policy, protocol, rule, topic. A proposal / scheme or agenda item.
Kawa	Marae protocol, dedication, ceremony. It also means sour/bitter. Practices of tikanga.
Kōrero	To say, speak, read, talk, address.
Mana	Power, influence. The spiritual power and authority to enhance and restore tapu.
Māori	Indigenous New Zealander, indigenous person of Aotearoa.
Marae	Communal or sacred place that serves religious and social purposes, Includes variety of buildings where formal greetings and discussions take place.
Māramatanga	Knowledge of enlightenment, insight, understanding, significance.
Mātauranga Māori	Māori knowledge - the body of knowledge originating from Māori ancestors, including the Māori world view and perspectives, Māori creativity and cultural practices.
Matua	Parents.
Moe	Sleep.
Mokopuna	Grandchildren.

Noa	Free from tapu. Tapu and noa are terms used to describe a state or condition affecting both the animate and inanimate. Tapu denotes a state of restriction or sacredness. Noa is free from tapu.
Ngā tika	Correct processes and rights
Pēpē	Baby.
Rangatahi	Youth.
Tamariki	Children.
Tangata whaiora me te tangata whaikaha	Māori with lived experienced of disability.
Tapu	Sacred. Tapu and noa are terms used to describe a state or condition, affecting the animate and inanimate. Tapu denotes a state of restriction or sacredness. Noa is free from tapu.
Tautoko	Support.
Te Ao Māori	The Māori world view.
Te Ao Marama	Cosmic family of the natural world.
Te Tiriti o Waitangi	The Treaty of Waitangi
Te reo	Language – commonly used to refer to the Māori language.
Tika	Correct, right.
Tikanga	Cultural principles.
Tinana	Physical health.
Tino rangatiratanga	Self-determination, sovereignty, autonomy, self-government, domination, rule, control, power.
Rongoā	Māori traditional medicine.
Wai	Water.
Waiora	Health and wellbeing.
Wairua	Spirit. The spiritual element of wellbeing.
Wairuatanga	Spirituality.
Whānau	Family. It also means to be born / to give birth. Whānau in this document refers to Māori patients and their families and can include groups regarded as extended family as well as groups outside the traditional family structure.

Introduction

The Capital & Coast District Health Board (CCDHB) vision of a Pro-Equity Organisation

The Equity to Action document is for all Allied Health Scientific & Technical (AHST) managers, team leaders, professional leaders and clinical and non-clinical team members. This document looks to provide equitable outcomes for Māori and Pacific people and provide tools and examples of how to implement a pro-equity service. It is also important to acknowledge that although this document focuses on equity in health care for Māori and Pacific peoples, that the same consideration and process should also be applied to other groups in society who are also at risk of inequitable access to health care, such as people living with a disability, refugees, and for people whom English is a second language and therefore health literacy becomes a barrier to accessing health care.

Taurite Ora: CCDHB Māori Health Strategy 2019-2030 [1] outcome is to have CCDHB recognised as a pro-equity organisation. This aligns with He Korowai Oranga: Māori health Strategy showing the governments vision of building "a health system that will enable Māori to live with good health and wellbeing in an environment that supports a good quality of life"[2]. The Pacific Health & Wellbeing Strategic Plan for the Greater Wellington Region 2020-2025 vision also supports this approach, to enable Pacific people to live longer and experience an improved quality of lifes, supported by a culturally responsive health system. Providing a pro-equity service that meets the needs of Māori and Pacific people, whānau and workforce is one of the key strategies of Te Herenga Ora: He mahi kōkihi; Allied Health: Way of Working (WoW)[3].

The delivery of a pro equity service for AHST is underpinned by our obligations to Te Tiriti o Waitangi and Te Tiriti principles of partnership, participation, and protection. A pro-equity service reflects the Te Tiriti principle of protection, whereby we protect the interests of Māori by ensuring the same level of health as non-Māori, while at the same time actively protecting Māori cultural concepts, values and practices when planning, management and delivery of health services[1].

In addition, the New Zealand Public Health and Disability Act 2000,[4] provides a statutory link between Te Tiriti and Māori health requiring DHBs to work with and be responsive to Māori when developing, planning, managing and investing in services that impact on Māori communities[5]. This obligation also includes Te Ao Māori perspective and mātauranga Māori to be embedded into policy and service design[5].

Why does achieving equity matter more than ever?

Māori and Pacific people experience disproportionate barriers accessing health care and treatment, have higher hospitalisation rates for avoidable and/or amenable conditions and receive lower quality of care [6,7,8]. The presence of the current pandemic conditions will likely accelerate systemic drivers of inequity including access to adequate income, shelter, and food security. In addition, the current changes to healthcare delivery, for example the increased use of telehealth, have the potential to enhance engagement and access to patients, whānau and communities and could at the same time discriminate against other patients, whānau and communities who may have less access to the necessary technology and data. To address this CCDHB has developed principles of prioritisation which includes, the aim to mitigate the impact of systematic barriers to diagnostic and

treatment. This includes supporting and prioritising Māori and other priority populations, gaining access to healthcare in times of reduced capacity and constrained resources.

For AHST now is the opportunity to implement a pro-equity approach across our services in alignment with the goals of Te Herenga Ora He Mahi Kōkihi: Allied Health Way of Working,Taurite Ora and Pacific Health & Wellbeing Strategic Plan for the Greater Wellington Region 2020-2025 with the key focus of delivering equitable health outcomes.

What is equality and equity in health care?

Equality is 'sameness'. This is where uniform approaches provide the same care to every person. However this uniform approach becomes inequitable (unfair) as soon as there are differences between groups[5].

"In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage may require different approaches and resources to get equitable outcomes[5].

Equity in health implies resources are distributed and processes are designed, in ways most likely to equalise the health outcomes of disadvantaged social groups with the outcomes of their more advantaged counterparts[5].

When thinking about how to measure health equity, consider the health status of the most privileged in New Zealand as the standard of what the best possible health should be. This strategy means that you are not striving for an unobtainable or unrealistic standard but instead a standard that has been most likely achieved by the most privileged and we could help raise everyone to this level[5].

What Is Te Ao Māori?

As a service we recognise that Māori health is inclusive of a diversity of Māori realities. This includes being able to address the health needs and aspirations of our pēpē, tamariki, rangatahi, mātua, kaumatua and tangata whaiora me tangata whaikaha (Māori with lived experience of disability).

To be an equitable service and ensure equitable practise, the values of Te Ao Māori and kaupapa Māori are key elements that speak to the heart of Māori wellbeing and are the pathways to achieve that wellbeing.

Kaupapa Māori

Kaupapa is about ensuring that Māori ways of working are recognised and embraced in how we plan and deliver health services.

Tikanga Māori

Tikanga is about recognising and responding positively to values, beliefs and practices that are essential to Māori wellbeing. This includes matters affecting taha tinana (physical health), taha hinengaro (mental health), taha wairua (spiritual health) and taha whānau (family health). Here is some guidance on tikanga Māori for CCDHB health care workers.

Mātauranga Māori

Mātauraga Māori is about a Māori way of being and engaging in the world – in its simplest form, it uses kawa (cultural practices) and Tikanga (cultural principles) to critique, examine, analyse and understand the world. It is the knowledge learnt and passed down based on ancient values of the spiritual realm of Te Ao Mārama (the cosmic family of the natural world) and it is constantly evolving as Māori continue to make sense of their human existence within the world.

Pacific Peoples in Aotearoa

"Our vision for our Pacific Peoples is empowered and enabled to live longer quality lives, supported by a culturally responsive health system"

Pacific people is a collective term used in Aotearoa New Zealand (NZ) to recognise the diversity of nationalities, ethnic groups and languages of people from the Pacific Islands[9]. The term does not imply Pacific unity or homogeneity[10]. It relates to a population made up of more than 16 culturally and linguistically distinct ethnic groups, with seven major Pacific groups in Aotearoa NZ: Samoan (48.7%), Cook Island Māori (20.9%), Tongan (20.4%), Niuean (8.1%), Fijian (4.9%), Tokelauan (2.4%), Tuvaluan (1.2%)[11].

In the mid-twentieth century, Aotearoa NZ was perceived as the land of 'milk and honey' and the beginning of a culture of migration mainly from Samoa and Tonga to Aotearoa NZ began. This was coupled with the Aotearoa NZ citizenship and rights of residence for Cook Islanders, Niuean, and Tokelauans. The labour shortages in the post-war period and labour shortage in manufacturing sector in the early 1970's led to the NZ government to import Pacific labourers. The geographical proximity, international relations and immigration policies of Aotearoa NZ, have enabled Pacific migrants to find 'home' in Aotearoa NZ[10].

The Pacific population is growing in Aotearoa NZ, making up 7.4% of the population from 2013 census and predicted to increase to 10% in 2038 [10]. The majority (60%) of Pacific Peoples living in Aotearoa NZ were born here, with up to 20% of Pacific people identifying with more than one ethnic group[9].

Importantly many Pacific people identify with both ancestral Pacific Island homelands and contemporary New Zealand values and cultural practices. However there are enduring cultural values that are shared among the different Pacific groups. Below is a brief outline of the cultural values from Yavu - Foundations of Pacific Engagement.

- **Family**: The centre of the community and the way of life. Every person belongs to a family, aiga and kainga and every family belongs to a person. This brings identity and belonging. Ancestry and a sense of place involve a kinship with what and who has gone before.
- **Collectivism and communitarianism:** Reflect the way the world is viewed and do things that are commonly perceived as acceptable to the community. This includes teamwork, consultation and co-operation, with everyone striving to work together to achieve common goals through an agreed approach.
- **Spirituality:** The cornerstone of traditional Pacific values and cultures. It shapes people's belief and values and Pacific people's worldviews.
- **Reciprocity:** Acknowledge the value of relationships and the obligation of care between individuals and groups working together for a shared purpose.
- **Respect:** The foundation stone of Pacific culture. This is an expected behaviour, learnt from an early age, including respect towards elders, parents, women, children and people in position of authority.

Achieving Pacific health equity is improving how Pacific peoples are treated when they access services, and it is about getting the level of engagement, and quality of care and support, right. What

can we do differently to change the experiences Pacific people experience when they engage with our health services?

Ola Manuia – Pacific Health and Wellbeing Action Plan 2020-2025 highlighted the below experiences by the Pacific communities in Aotearoa NZ:

- Health Literacy- Difficulties understanding health jargon and communication with health workers
- Not being able to get an appointment at an appropriate or desired time
- Not being able to afford doctor fees and medication costs
- Lack of transport to attend clinics and appointments
- Difficulties getting time off work to attend appointments.

The way people are treated and engage in their care, the quality of care and the support they receive can impact their quality of life and wellbeing. Racism and discrimination were identified in the Ola Manuia community talanoa as serious issues that stop many Pacific people from going to see the doctor[9]. This document provides resources and ideas to help improve services towards a pro-equity approach that can address some of the experiences mentioned above.

Rauemi - Resources

This section includes resources to support you with developing a pro-equity service. Below is a checklist of Equity Measures for AHST services as outlined in the Taurite Ora – Māori Health Strategy Plan and Te Herenga Ora He Mahi Kōkihi: Allied Health Way of Working document. See Appendix A for examples of how to achieve the below equity measures. This is a link to additional quality improvement tools and resources Māori Advisory group tools here.

Tools for Measuring Equity in a Service

Table 1: Check list of Equity Measures for AHST services

Equity Measures	Achieved yes/no	Date Achieved	Actions To do	Completed by
Use of data				
Does your service report outcomes by ethnicity?				
Have you undertaken a review of all data sources and processes to ensure your service has high-quality, complete and consistent capture of workforce performance and workforce data for analysis?				
Are you capturing data and developing dashboards to monitor quality, equity and impact explicitly, and routinely monitoring equity of access and the delivery of AHST services for Māori and Pacific and other vulnerable populations?				
Does your service report outcomes by ethnicity?				
Have you used the data to understand Māori health needs and to drive improvements in equity of access, delivery and outcomes for Māori in all new and existing services, and to measure progress? Have you applied this to Pacific health and other vulnerable populations?				
Do you share performance/activity data with individual AHST team members to review opportunities and actions at the clinician level,				

where quality of service/outcomes is lower for Māori & Pacific people they are working with?				
Growing our Māori and Pacific AHST workforce				
Do you know the number and proportion of your AHST workforce in your service who identify as Māori or Pacific? Is ethnicity of staff proportionate to the population?				
Do you have a plan on how to increase the numbers of Māori or Pacific AHST staff in your service?				
For hiring AHST managers; Do you have strategies in place to; - eliminate recruitment barriers - strengthen recruitment enablers across the spectrum for Māori & Pacific AHST workers?				
If you employ a Kaiāwhina/Assistant workers do you prioritise recruiting Māori & Pacific to enable greater reach and access for Māori and Pacific individuals, whānau and communities?				
Do you have strategies in place to increase the recruitment and retention rate for Māori & Pacific AHST workers?				
Equitable outcomes & culturally safe services				
Do you seek to understand the barriers for Māori and Pacific and other minority populations in accessing AHST services and act on addressing these issues?				
Do you work in new ways to address barriers to services for Māori and Pacific?				
Do you work in partnership with Māori, Pacific and other minority groups, whānau and communities to develop pro-equity, anti-racist, culturally safe services that drive improvements in Māori health outcomes and outcomes for all others?				
What proportion of AHST staff in your service have participated in equity training?				

Includes: - Tikanga Māori - Treaty of Waitangi, Health and wellbeing - Health Equity - Understanding bias in Healthcare - Te Tohu Whakawaiora - Pacific cultural competency education Other training via professional bodies/external training				
Do you engage with the Māori Health Development Group and Sub Regional Pacific Strategic Group to consider options for supporting AHST actions that are pro-equity, anti-racist and deliver culturally safe services for Māori and other cultural groups including understanding and use of data?				
What are you doing to ensure the cultural intelligence of your AHST workforce increases so that the pro-equity agenda is progressed in your services?				
Is there Te Ao Māori perspective to the service design?				

Tools for Measuring Equity for Projects

Health Equity Assessment Tool (HEAT)

HEAT is a planning tool that improves the ability of mainstream health policies, programmes, and services to promote health equity. It was originally developed in 2002[12]. HEAT enables health initiatives to be assessed for their current or future impact on health equity. The questions challenge users to think broadly about equity issues.

There are 10 questions, which can be employed for clinical practice, mostly used with Public Health and Ministry of Health. It is a good starting point to provoke ideas and thoughts around where in a service health inequity exist, how to address these equities in your project while also evaluating whether the intervention has been successful in reducing inequities. See Table 2, See Appendix B for a HEAT Assessment Equity Checklist.

Table 2: Heat Assessment Equity Tool

Equity Measures	Examples
1. What inequalities exist in relation to the health issue under consideration?	▪ Ethnic ▪ Gender ▪ Socioeconomic ▪ Geographical ▪ Disabilities
1. Who is most advantaged and how?	HEAT seeks to identify who is advantaged in relation to the health issue being considered and in what ways this advantage plays out. The focus is deliberately on who is advantaged or privileged, rather than on the 'victims' of inequity
2. How did the inequalities occur? What are the mechanisms by which the inequalities were created, maintained, or increased?	This question focuses on how inequities have occurred and therefore what needs to change for them to be addressed. Explore what factors have created the inequities over time and what factors operate to maintain or increase the inequities today.
3. Where/how will you intervene to tackle this issue?	*Structural*: Tackling the root causes of health inequities – the social, economic, cultural, and historical factors that fundamentally determine health. *Intermediary pathways:* Targeting material, psychosocial and behavioural factors that mediate the impact of structural factors on health.
4. How will you improve Māori and Pacific people's health outcomes and reduce health inequalities experienced by Māori and Pacific peoples?	Given the magnitude of inequities experienced by Māori, improving Māori health outcomes, and reducing health inequities experienced by Māori is an urgent priority.

5. How could this intervention affect health inequalities?	Be vigilant about this by exploring the likely effects of the intervention before it is put in place.
6. Who will benefit most?	Do not assume that all groups benefit equally from mainstream health policies, programmes, and services unless particular attention is paid to understanding and removing barriers to developing and implementing them equitably.
7. What might the unintended consequences be?	Consider the possible unintended consequences of the intervention, and their likely impact on inequity. Have a wide-ranging discussion and build on experience in this or other arenas.
8. What will you do to make sure the intervention does reduce inequalities?	This question reminds users to act to mitigate limitations and therefore avoid the risk of maintaining or increasing inequity.
9. How will you know if inequalities have been reduced?	Evaluating and measuring initiatives – policies, programmes, and services – is essential to ensure that they are effective and fair.

Staff Training opportunities

Capability Development CCDHB

Equity measures achieved:

Ensure that the clinical intelligence of the AHST workforce increases so that the pro-equity agenda is progressed smartly in the new way of the working project.

Equity training (accessed via Connect Me)

- Tikanga Māori
- Treaty of Waitangi, Health and wellbeing
- Health Equity
- Understanding bias in Healthcare
- Te Tohu Whakawaiora
- Pacific Directorate generic orientation programme

New training for 2020

- 2DHB AHST new graduate programme includes a Māori and Pacific Health module

Other external training:

- Le Va - Engaging Pasifika cultural competency training programme.

COVID-19 Related Resources

- See DHB homepage - Covid-19 Māori resources button for tips, available Covid-19 Pasifika resources.
- Te Rōpū Whakakaupapa Urutā (National Māori Pandemic Group), has produced a set of resources specifically for Māori for COVID 19 Pandemic. The website is regularly updated and provides practical advice and guidance on how to manage the COVID-19 pandemic, written and developed by Māori health experts for whānau Māori. You can access this website and resources here.
- See the Ministry of Health COVID-19 Māori Response Action Plan
- Below are links to websites for Pacific People, resources are written in 9 different pacific languages.
    - Ministry for Pacific Peoples website: https://www.mpp.govt.nz/pacific-people-in-nz/covid-19/
- This website has been set up by 4 DHBs: Counties Manukau Health, Auckland, Waitematā, and Northland District: https://preparepacific.nz/

Appendix A: Examples of How to Achieve Equity Measures

Examples of how to achieve equity measures

Equity measures achieved:
• Improvements in equity of access, delivery and outcomes for Māori and Pacific people in all new and existing services. • Seek to understand the barriers for Māori and Pacific and other minority populations in accessing AHST services and being committed to addressing these issues. • Demonstrate partnership with Māori: Communities - Iwi, hapū and whānau in service co-design. • Work in new ways to address barriers to services for Māori and Pacific using health literacy initiatives and to develop technologies, where appropriate, skill sharing and other ways to deliver services. • Work in partnership with Māori, whānau and communities to develop pro-equity, anti-racist, culturally safe services that drive improvements in Māori health outcomes.
Examples
• Ensure that Māori, Pacific, disability, and other priority populations are supported and prioritised.
• Trial no wait times for Māori and Pacific people on wait lists.
• Moving or trialling a clinic to be delivered in a local community setting with high Māori and/or Pacific communities (e.g. at Marae, Māori health provider base, local Primary Care practices.
• Meeting and engaging with Māori or Pacific Health Providers to discuss ways of working together and exploring what would work for their community.
• Prioritise services to focus on health conditions that impact Māori and Pacific people the most (e.g. Diabetes, Heart disease, respiratory).
• Review DNA's of Māori and Pacific whānau
• Ethnicity data on the use of Telehealth: Collect data and ethnicity data on who is using telehealth. Identify patients whereby technology equipment, technology literacy and data is a barrier to accessing telehealth.

Allied Health Scientific & Technical Services

Examples of AHST services that have made changes towards a pro-equity service.

Project: AWHI – Advanced Wellness at Home Initiative
Equity measures achieved: • Capturing data and developing dashboards to monitor quality, equity and impact explicitly, and routinely monitoring equity of access and the delivery of AHST services for Māori and Pacific and other vulnerable populations. • Have you used the data to understand Māori health needs and to drive improvements in equity of access, delivery and outcomes for Māori in all new and existing services, and to measure progress. • Seek to understand the barriers for Māori and Pacific and other minority populations in accessing AHST services and being committed to addressing these issue.
A report is generated of all patients referred to AWHI service and includes ethnicity. All patients who identify as Māori or Pacific and have long term health conditions have a face to face consult with one of the members of the AWHI, to find out their needs and what support they need.

AHST Recruitment and Retention of Māori and Pacific Workforce
Equity measures achieved: • Initiatives that eliminate recruitment barriers; strengthen recruitment enablers; and increase the rate of retention across the spectrum of Māori & Pacific AHST workers.

Approximately 95 percent of CCDHB's AHST workforce is non-Māori. Having the competency to engage with the people one serves is critical in the health sector.
• Actively engage recruitment of Māori to AHST.
• Position descriptions to provide:
  ○ Māori Health equity and Māori health improvement competencies.
  ○ Welcome in te reo "Nau mai, haere mai ki Ūpoko ki te uru Hauora."
  ○ Bilingual job titles.
  ○ Whakatauki "Ma tini, ma mano, ka rapa te whai - By joining together we will succeed."
• Advertising includes:
  ○ Designed to attract Māori applicants.
  ○ kowhaiwhai, inclusive of te reo Māori, whakatauki.
• Prioritise to interview all Māori and Pacific candidates who apply for a job and meet shortlisting criteria. A Māori representative should be present and participate in the interview. If the role is Māori focused, then Whānau care services manager will attend.
• Interviewee should be greeted with "Kia ora" from the panel.
• Recruitment will liaise with the applicant if they request whānau support and what their expectations are e.g. a mihi Whakatau (welcoming) and again offered when starting a role at CCDHB, Karakia to be offered as part of the interview and welcoming process.
• To develop cultural supervision to AHST employees to retain Māori & Pacific AHST employees.

Project: ORA Community Referral Management Project:

Equity measures achieved:

- Used data to make improvements in equity of access, delivery and outcomes for Māori and Pacific people in all new and existing services, and to measure progress.
- Seek to understand the barriers for Māori and Pacific and other minority populations in accessing AHST services and being committed to addressing these issues.
- Work in new ways to address barriers to services for Māori and Pacific using health literacy initiatives and to develop technologies, where appropriate, skill sharing and other ways to deliver services.

A 4 week centralised triage trial has been carried out. All referrals for the Community ORA teams are sent to one mailbox rather than the previous site based mailbox. A group of three clinicians then triage these referrals centrally and send on to the relevant professions on each site for workload allocation.

Anyone referred to the ORA Community teams that identifies as Māori or Pacific is telephoned by the HCP at triage to discuss the referral. If the consumer consents, more information is gathered and education is carried out about the reason for referral, the ORA service and the likely input that will be offered. The opportunity to discuss any other concerns in terms of heath & wellbeing, and to clarify any information discussed is offered. In agreement with the consumer the referral and information gathered is then made available to the receiving clinician via MAP.

Service improvement: Child Development Services

Equity measures achieved:

- Capturing data and developing dashboards to monitor quality, equity and impact explicitly, and routinely monitoring equity of access and the delivery of AHST services for Māori and Pacific and other vulnerable populations.
- Have used the data to understand Māori and Pacific health needs and to drive improvements in equity of access, delivery and outcomes for Māori in all new and existing services, and to measure progress.
- Seek to understand the barriers for Māori and Pacific and other minority populations in accessing AHST services and being committed to addressing these issue.
- Work in new ways to address barriers to services for Māori and Pacific using health literacy initiatives and to develop technologies, where appropriate, skill sharing and other ways to deliver services.
- Demonstrate partnership with Māori: Communities - Iwi, hapū and whānau in service co-design.
- Work in partnership with Māori, whānau and communities to develop pro-equity, anti-racist, culturally safe services that drive improvements in Māori health outcomes.
- Demonstrates links with Pacific communities.

They have formed a pro equity group' (working group) members of the team who are keen to be involved in developing a pro-equity service. This group has grown from 7 to 12 since Feb 2020.

This group has developed short, medium and long term goals including; increasing te reo in written and verbal communication and greetings, weekly te reo 10 minute practice, monthly te reo 40 min practice. Increase staff attendance at CCDHB Te Tiriti o Waitangi workshop (aim for 100%), increase art and décor/signage to include bilingual and reflect the diverse community, increase books and games that have te reo and māori designs, priority slots for priority whānau.

They have governance from the Māori directorate who will help in the engaging whānau stage to help guide service changes.

They have completed cultural safety and knowledge training with the team.

They have collected the data on the DNA and cancellation rates for Māori and Pacific children and whānau compared to non-Māori and Pacific children and whānau. This has enabled them to develop an equity goal - to improve the DNA and cancellation rates for Māori and Pacific children and whānau to the same as non-Māori and Pacific children and whānau.

They have reviewed processes and developed a prioritisation tool to prioritise Māori and Pacific children and whānau. As they have observed Māori and Pacific children and whānau are referred late into the service.

They have increased engagement with Māori and Pacific children and whānau prior to appointments by contacting them via telephone instead of a letter and utilising Vaka Atafanga as well as other community agencies.

They are liaising with Porirua, Te Whare Marie, about how they can improve communication and service for Porirua based families. They hope to strengthen this relationship further and explore Māori world views on health and disability, parenting and development.

Other services within CCDHB

ED Māori Advisory Group

Equity measures achieved:

- Work in new ways to address barriers to services for Māori using health literacy initiatives and to develop technologies, where appropriate, skill sharing and other ways to deliver services.

A roopū made up of health professionals who identify as Māori in the Emergency Department. The formal reason for the roopū is for advising the Equity Working Group (Māori and non-Māori) and to create a Māori friendly ED and equitable place for Māori.

Initiatives that promote, equity, the values of Te Ao Māori, kaupapa Māori and Te Tiriti o Waitangi

- The involvement of Te Wai Bereavement symbol & Quilt Project (CCDHB bereavement project), as the process can be different when a patient dies in ED.
- The separation of pillows. In Te Ao Māori, ūpoko (head) is considered tapu, therefore appropriate tikanga is to use a different pillow for the head. In ED there are different colored pillow slips to help facilitate and encourage Tikanga to improve equity for Māori in this space.
- Finding a suitable name for the space used in ED for paediatric/tamariki

- Development of an ED Logo – including cultural aspects already bedded into CCDHB such as the Kowhaiwhai pattern in all documentation for department.
- Whakatauki – for ED department to own.
- Finding a suitable name for the Emergency Department, currently Mate Ohorere, which translated Mate (death or illness) and Ohorere (surprise or shock), which is not an inviting place for Māori.

Cancer Services

Equity measures achieved:

- Capturing data and developing dashboards to monitor quality, equity and impact explicitly, and routinely monitoring equity of access and the delivery of AHST services for Māori and Pacific and other vulnerable populations.
- Seek to understand the barriers for Māori and Pacific and other minority populations in accessing services and being committed to addressing these issues.

They have implemented a faster Cancer Treatment Whiteboard that identifies patients with an active referral related to cancer that flags a number of determinants including but not limited to Māori and Pacific ethnicity, a history of DNA, frequent inpatient admissions and involvement of multiple or specific services. This triage tool is utilised by the Cancer Nurse Co-ordinators to prioritise monitoring of the patients cancer journey which may include a telephone call to identify support required.

- Work in partnership with Māori, whānau and communities to develop pro-equity, anti-racist, culturally safe services that drive improvements in Māori health outcomes.

Underpinning all of this work is their involvement in the Central Cancer Network (CCN) project to engage with Māori communities and providers across the region utilising kaupapa Māori and co-design principles to improve cancer outcomes for Māori. This included a number of community and stakeholder hui, across the region and involved a MDT of health professionals.

Radiology Services

Equity measures achieved:

- Seek to understand the barriers for Māori and Pacific and other minority populations in accessing services and being committed to addressing these issues.

Māori and other vulnerable patients, are likely to have experienced barriers/ delays in accessing specialist care and should be supported to complete imaging. Considered increased priority through the pathway.

Planned Surgery

Equity measures achieved:

- Capturing data and developing dashboards to monitor quality, equity and impact explicitly, and routinely monitoring equity of access and the delivery of AHST services for Māori and Pacific and other vulnerable populations.
- Seek to understand the barriers for Māori and Pacific and other minority populations in accessing services and being committed to addressing these issues.

Capital & Coast and Hutt Valley DHBs are prioritising Māori and Pacific in our surgical scheduling processes. The patients' ethnicity is taken into account along with their level of clinical urgency and the number of days they have been on the waiting list within a given clinical priority band. The aim of this work is to improve access to health care for Māori and Pacific people. It is unlikely that any other patients will be significantly affected as a result of this work.

Health, Addictions and Intellectual Disability Services (MHAIDS) 3DHB

Equity measures achieved:

- Work in partnership with Māori and Pacific, whānau and communities to develop pro-equity, anti-racist, culturally safe services that drive improvements in Māori and Pacific health outcomes.
- Work in new ways to address barriers to services for Māori and Pacific using health literacy initiatives and to develop technologies, where appropriate, skill sharing and other ways to deliver services.
- Seek to understand the barriers for Māori and Pacific and other minority populations in accessing services and being committed to addressing these issues.
- Have you used the data to understand Māori health needs and to drive improvements in equity of access, delivery and outcomes for Māori in all new and existing services, and to measure progress.
- Te Ao Māori perspective is interwoven into the service design.
- Can demonstrate partnership with Māori: Communities - Iwi, hapū and whānau in service co-design.

The Māori kaumatua kaunihera (kaumatua council) that leads MHAIDS service on matters pertaining to tikanga Māori. The kaunihera supports the MHAIDS to meet its obligations under Te Tiriti o Waitangi. Meeting monthly, the kaunihera directs guides and advises on the tikanga Māori aspect of strategies and policies developed by MHAIDS, and operational decisions. The kaunihera will also support or assist kaimahi (staff), tangata whaiora (clients) and their whanau directly as requested. In many cases their kaumatua or kuia will refer whanau to their local mana whenua to support and inform them around areas of concern. This also provides a forum for clinicians to consult with them regarding any protocols or other issues related to tikanga. The kaunihera also supports the Pacific Matua and clinicians on cultural aspects relevant to assisting Pacific people within mental health and addictions. All their buildings with the exception of the Pasifika buildings have Māori names. Kaumatua Kuni leads the gifting of names for all buildings.

Whare Marie ki Puketiro - Specialist Māori Mental Health Services in Porirua

- They offer services at Te Whare Marie, at the marae or in the community.
- Patient and whānau are encouraged to take part in the care plan.
- They use Māori interventions in a therapeutic environment, which utilises a strengths-based approach that helps many of their tangata whaiora achieve their aspirations.
- They continuously work to include whānau in sustainable recovery from mental illness, combining Māori cultural concepts with western clinical models of mental health care.
- They promote the use of cultural practices and frameworks to empower individuals and whānau who enter the service.

The MDT team includes a Kaumatua and a Cultural Therapist/Kaituku Haumanu ā-ahurea

Health Pasifika

This is a specialist Pasifika community mental health team, based in Porirua. They provide services for children and young people (0 to 19 years) and adults (19 to 65 years old) in the Pasifika communities in Wellington, Porirua and Kāpiti who have moderate to severe behaviour or psychological difficulties. Client are encouraged to include their ngutuare tangata/aiga/ kaiga/kainga/magafaoa/family, other support people when having contact with the team.

Early Intervention Service -Regional Rangatahi Adolescent Inpatient Service (RRAIS)

Based on the Kenepuru campus, RRAIS is the acute adolescent inpatient unit for the central region. The service is for youth aged 12 to 17 who are experiencing acute mental health problems. It provides a bicultural service based on Kaupapa Māori frameworks and mainstream clinical models. It offers whānau centred care and treatment with a focus on recovery and supporting youth when they leave the unit, with cultural assessments where indicated

Te Korowai Whāriki - Regional Forensic and Rehabilitation Services

The role of the Regional Forensic and Rehabilitation Inpatient Mental Health Service at Te Korowai Whāriki is to provide inpatient and outpatient care for both youth and adult clients. The service's inpatient buildings are mainly located on the grounds of what was once Porirua Hospital, and have been given the name of Rātonga-Rua-O-Porirua, translating to "The Two Services of Porirua". The site is unique in design and has purpose-built buildings including Ruamoko (Māori cultural centre) and Vaka Pasifika (Pasifika cultural centre).

Support for Māori clients

Our Forensic and Inpatient Rehabilitation Service supports Māori clients in strengthening their cultural identify to support their recovery and wellbeing. Our Māori cultural facility, Ruaumoko, provides culturally appropriate assessment, management, treatment and rehabilitation in hospital, prison and in the community for clients who identify as Māori. Our Kaumatua, Kuni Sherpherd and Whaea, Areta Koopu, lead the services for Māori. Kuni mentors many Māori and non-Māori clients who attend culture-based programmes at Ruaumoko and supports and advises senior staff on Māori protocol. Kuni has tribal affiliations to Te Whānau-a-Apanui, Ngāti Kahu, Ngāti Porou, Whakatohea and Ngai-Te-Rangi. Areta is a mental health nurse who has worked in many parts of mental health service. She supports Kuni, advises senior staff and is a member of the kaumatua kaunihera group. Her tribal affiliation is to Ngāti Kahungungu.

Recruitment and Retention of Māori and Pacific Workforce

Initiatives that eliminate recruitment barriers; strengthen recruitment enablers; and increase the rate of retention across the spectrum of Māori & Pacific AHST workers.

- For new staff orientation includes a visit to Te Whare Marie marae in Porirua.
- They prioritise Māori and Pacific people for student internships for Allied Health and Nursing.
- They prioritise to interview all Māori and Pacific candidates who apply for a job and meet shortlisting criteria.
- They offer cultural supervision to employees

Recruitment and Retention of Māori and Pacific Workforce

Initiatives that eliminate recruitment barriers; strengthen recruitment enablers; and increase the rate of retention across the spectrum of Māori & Pacific AHST workers.

Vaka o le Pasifika

Vaka o le Pasifika is the first re-designed facility in New Zealand Forensic services, looking to provide an environment for Pacific people utilizing mental health services, enabling preservation of cultural practices, protocols, values and beliefs that they are accustomed to. The fundamental aim, is that Pacific people are able to maintain their unique identity with confidence and high self- esteem that can assist them in their journey towards recovery.

The name Vaka o le Pasifika is derived from a combination of different Pacific languages. *Vaka meaning 'canoe or vessel'*, *O le Pasifika '*meaning of the Pacific'. The significance of the Vaka, within the team context, is utilized as the vessel that will ensure the needs of Pacific people, are met in a culturally appropriate manner.

The ethos for the Vaka o le Pasifika team, is to achieve better outcomes for Pacific people accessing Te Korowai Whāriki Services, by identifying gaps for Pacific service users and providing culturally competent support, clinical expertise and appropriate interventions.

In 1999, Le Mamea Tavaga Afele Seuala was appointed Pasifika Consultant. A significant milestone and the very first Pasifika position appointed to Te Korowai Whāriki Services delivering to Pacific people accessing CCDHB Mental Health.

The main purpose of this position is to ensure:

- There is Pacific representation at all levels of the service.

Hutt Valley DHB

Project: Dietetic clinics into primary care

Equity measures achieved:

- Work in new ways to address barriers to services for Māori and Pacific using health literacy initiatives and to develop technologies, where appropriate, skill sharing and other ways to deliver services.
- Seek to understand the barriers for Māori and Pacific and other minority populations in accessing services and being committed to addressing these issues.

Dietitian outpatient clinics, historically only offered in the hospital setting, have been established in the community. They are delivered at two GP practices (Pomare Union Health and Whai Oranga Health Centre) with a high percentage of Māori and Pacific people enrolled. The majority of patients that attend the clinic identify as either Māori or Pacific and attend the dietitian clinic appointment closer to their home at the GP Practice instead of going to the hospital outpatient clinics. This concept removes the barriers of access to service, and provides a familiar environment than the hospital setting.

Appendix B: Tools for Measuring Equity for Projects

Below are two checklists to choose from to help measure equity when developing a project.

Table 3: HEAT Assessment Equity Measures Tool Checklist

Equity Measures	Project
1. What inequalities exist in relation to the health issue under consideration?	
2. Who is most advantaged and how?	
3. How did the inequalities occur? What are the mechanisms by which the inequalities were created, maintained, or increased?	
4. Where/how will you intervene to tackle this issue?	
5. How will you improve Māori health outcomes and reduce health inequalities experienced by Māori?	
6. How could this intervention affect health inequalities?	
7. Who will benefit most?	
8. What might the unintended consequences be?	
9. What will you do to make sure the intervention does reduce inequalities?	
10. How will you know if inequalities have been reduced?	

Table 4: Te Tiriti o Waitangi Equity Measures Checklist

Te Tiriti o Waitangi	Equity Measures	How will this be achieved?	Actions - To do	Date of completion
Article 1	How will hapū/Māori be involved in decision making throughout the project/service?			
Article 2	How well hapū/Māori aspirations are be reflected within this project/service?			
Article 3	What specific actions will be undertaken to ensure health equity outcomes? How will they be monitored?			
Article 4	How well are Māori world views and values, including wairuatanga, reflected in your project?			

Appendix C – Rauemi Resources for improving cultural engagement

The following has kindly been shared with us, with permission from The Hutt Valley DHB Māori Health team. This process is also aligned with the Hui Process, a framework on how to work effectively with Māori [10].

Mihi – initial greeting and engagement

The focus is to ensure health care professionals (HCP) have clearly introduced themselves and described their role and the specific purpose of the consultation to the patient and whānau. At this stage, the HCP should check if the patient identifies as Māori or Pacific. Or prior to contacting patients via telephone check if they identify as Māori or Pacific peoples (not all Māori or Pacific people may be identified within the system). For further information on asking ethnicity – see this document on Ethnicity Data Protocols

- Greeting in Māori, e.g. Kia ora or Mauri ora (good health / acknowledging life force), Tēnā koe (1 person), Tēnā kōrua (2 people), Tēnā koutou (3 or more). This is protecting language and culture. For Pacific people, greet them using the language of the culture they identify with, for example Samoan (Talofa lava), Tongan (Malo e lelei), Cook Island (Kia orana). See the link from the Ministry of Pacific Peoples on more Pacific greetings and languages
- After initial introduction as to why you are calling. Ask if this is a suitable time to kōrero? Do they want whānau support during contact?
- If engaging with patient and whānau via telehealth, reassure them you are talking to them in a private room and the conversation is confidential.
- If the patient is bilingual keep the language basic.
- Māori and Pacific people may need longer appointment times to ensure meaningful engagement.

Whakawhanaungatanga - building connectedness

- At first contact, the focus is on building a bridge. Connect at a personal level with the patient and any whānau present.
- Allow additional time for introductions from both sides; to create a connection.
- Be aware of phone consults as a barrier to building rapport and that usually Māori and Pacific people prefer face to face (kanohi ki te kanohi). Being culturally responsive would indicate always offering face to face as first option. However due to Covid-19 restrictions this is a variation in approach.
- Finding a commonality (e.g. where from, interests, how the patient and whānau are coping with Covid-19).
- Ngā tika - correct processes and rights. This includes but is not limited to: Informed consent, rights to treatment, Code of Health and Disability Service Consumer Rights, Information

Privacy Code, confidentiality (who do they want to be involved in the conversation, safe space and privacy, ability to openly share, having supports during the process).

Kaupapa - Purpose of the consult

- Open questions and broad enquiry, e.g. Tell me how things are going for you currently?
- We know that this time is stressful and worrying, how are you coping?
- Leading own health journey (tino rangatiratanga) - What is important to you and your whānau currently? What are the priorities?
- What is important to you and your whānau with this situation (referral)? What are their priorities? This is the patient and whānau's goals not that of the HCP or MDT team. The priorities may be outside of the HCP's scope of practice, refer on if needed. This could be an opportunity to engage with other services, such as: Whānau Care, Pacific Navigators, the patient's and whānau GP practices.
- Important to establish what you can do and discuss any of their expectations, e.g. timeframes, finding out who else can assist, rehab at hospital.

Manaakitanga - Being respectful and warm

- Alternatives to physical contact greetings- e.g. lifting hand upwards not outwards and saying "Pai mārie"; nodding head with one hand on heart (virtual kiss / hongi).
- Variation of practices, e.g. not accepting drinks or food during Covid-19.

Tikanga - Practices for Home visits

- Aware of tikanga (tapu and noa) around e.g. shoes off inside; head pillows are not to be used to sit on.
- Asking where in the house can you go to talk to ensure safe kōrero and privacy?
- Having an open discussion with the person and their whānau about their comfort or any concerns with coming to clinic or personal protective equipment (PPE). Considering ability to develop rapport, but also remembering their rights to the same standards of health care as others and protection of their health status, plus social distancing. This discussion can occur prior to the visit and re-addressed at the visit.
- Washing hands before, after, and in between consults and if touching equipment or any surfaces.
- Be aware that each whānau may have a variation in tikanga. As an example, tikanga around the disposal of rubbish from a home visit. Check if it is okay to leave the rubbish and have an alternative plan that is safe. If the whānau are wearing a mask, they may want it left behind. Consider equity issues, e.g. rubbish bin availability / council rubbish bags.
- The patient and whānau may have their own procedures for wairuatanga cleansing at end of the session, e.g. water, karakia.
- If you are not sure, please ask the patient/whānau.

Poroporoaki – concluding the encounter

- Identify the finishing point of the consultation.
- Ensure that you have understood what the patient has said.
- Ensure that the patient understands what you have said.
- Ensure the patient is clear about the next steps (for example date of follow up appointment, lifestyle change).
- Ā-pukapuka – Consider a follow up with a short letter or e-mail.

Some additional factors to consider via telehealth – video conferencing.

- Technology availability.
- Health literacy
- Internet connection and limited / unlimited usage.
- See the Telehealth within ORA services – A Guide for Patients, Clinicians, and Managers 2020 document. Telehealth guidelines and consent questions - see Allied Health Aotearoa New Zealand or your Professional body.
- Video recording- rights regarding owning the data (informed consent), e.g. Zoom is an offshore company and this raises Māori data sovereignty of information / whānau ownership and rights. See the link for more information on the Principles of Māori data sovereignty.

Te Whare Tapa Whā – holistic wellbeing

This is about asking genuine questions about all areas that impact wellbeing.

Taha whānau (social)

- Support - who are their supports, immediate, community and agencies? Who is in their bubble, and potentially also able to support them (i.e. drop off food).
- Who do they support, how are they managing that?
- How are they managing lack of face to face support?
- Are they looking after tamariki (children), mokopuna (grandchildren), or others?
- Who can tautoko (support) them with their therapy?

Taha tinana (physical)

- How do they feel they are looking after themselves; kai, sleep (moe), water (wai), fresh air, sunshine, exercise.
- Check environmental and access to resources.

Taha hinengaro (emotional and mind)

- How are they coping? What do they see as being helpful?
- What is their own knowledge and resources, skills and talents?

Taha wairua (spiritual)

- What are their key values? How are they being guided by their values at the moment?
- What cultural, spiritual, valued practices are useful for them to stay well? For example, traditional rongoā, māramatanga, kārakia.

Other factors that can promote equity when contacting Māori and Pacific People

- Increased contact for Māori and Pacific.
- Prioritise referrals for Māori and Pacific.
- Being proactive - Māori and Pacific people are less likely to approach health services when struggling.
- Māori and Pacific people being in control of their own wellbeing (tino rangatiratanga).
- Working in partnership, walking alongside.
- Empowering Māori, Pacific and their whānau to participate in conversations.
- Do what you say you are going to do.
- Taking time, moving at their pace.
- Listening more than talking.
- Kaitiakitanga me pūmanawa - Utilise their own whānau knowledge, skills, and resources. Consider previous successes and resilience factors. Strengths based therapy.
- Mana enhancing, mana protecting practice, e.g. respectful, uplifting, values based, honouring identity and building self-esteem.
- Be aware of power imbalance, e.g. historical mistrust in health care professionals / authority and that Māori may not be comfortable in acknowledging they are not coping, and/or realising the issue is urgent. This is an example of health literacy.
- Also be aware of the concept of whānau rather than individuality, priorities may be with other issues in household or outside of the bubble. Organise a time to follow up.
- Show aroha, be caring and interested.
- Check e-mail availability - Inform them that we have resources that could be helpful, are they interested? Do they have resources to access these (device and data)?
- Referral to Māori or Pacific support services to be considered as an option if consented, in all clinical plans (also consent to share information). Whānau Care support services can be found here. Information on Pacific Health Unit can be found here.
- Be aware of your own personal bias.
- Asking for feedback. For example was manaakitanga achieved for them, mana enhanced?

Pacific Resources

Pacific Health Models

The purpose of Pacific Health Models are to provide tools that are culturally appropriate and effective for Pacific Peoples in order to improve and maintain their material and spiritual health & wellbeing. There are a range of Pacific Health Models that have emerged to reflect the diversity of Pacific people. Below are some examples.

- **Fonofale Model:** Karl Pulotu Endemann (Samoan)
- **Fonua Model:**Sione Tu'itahi (Tongan)
- **Tivaevae Model:** Teremoana Maua-Hodges (Cooks Islands)
- **Kakala Model**: Konai Helu-Thaman (Tongan)
- **Fa'afaletui Model** – Carmel Peteru & Kiwi Tamasese (Samoan)

Kapasa

Kapasa - The Pacific Policy Analysis Tool from the Ministry of Pacific Peoples is a useful tool to provide guidance of how to identify and incorporate the perspectives of Pacific peoples into the process when determining how services will be delivered. Fittingly 'Kapasa' refers to the ancient Polynesian compass that Pacific ancestors used to navigate the pacific.

Kapasa encourages three main concepts to be considered:

1. Pacific Peoples information and evidence
    a. Examples:
        i. How and to what extent are Pacific peoples affected by the issue, problem or opportunity?
        ii. What is the evidence (what data has been collected?)
2. Pacific Peoples values, strengths and diversity
    a. Examples
        i. What are Pacific people's experiences of the problem?
        ii. What will success look like for Pacific peoples?
        iii. Have Pacific peoples perspectives values and strengths been incorporated into thinking about the problem, opportunities, and possible solutions.
3. Pacific Peoples engagement.
    a. Examples
        i. Given the problem or issue, consider what input would be the most useful from Pacific peoples and how best to achieve this (this could include consultation with end users or Pacific communities).

Yavu

Yavu – Foundations of Pacific Engagement from the Ministry for Pacific Peoples is a useful document to assist with meaningful engagement with Pacific Peoples. It is useful tool when engaging with Pacific communities or end users, when improving service delivery or programmes where Pacific

people will be affected directly or indirectly. ‘Yavu’ is the Fijian translation for ‘foundation’, it refers to one’s origin and ancestral roots to the ancestral land for the greater family.

Yavu encourages four principles to be applied when engaging with Pacific Peoples:

1. Understanding Context (know who we are)
2. Environment (Make time to connect)
3. Responsibility (Recognise our contribution)
4. Teu le va (Build, nurture and strengthen relationships)

See the Yavu checklist tool for more information.

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